# PARTINERSHIP FOR LONG TERM CARE CALIFORNIA DEPARTMENT OF HEALTH SERVICES

# California Partnership for Long-Term Care

### THE BEST WAY TO SELL PARTNERSHIP POLICIES

Turn Prospects Into Clients: Tools You Can Use

## Partnership Video: "What You Need to Know NOW About Long-Term Care"

One of the Partnership's major missions is to make objective, high quality information on the need for long-term care accessible to California citizens. We recognize that LTC agents are the prime source of information on the costs and features to be found in LTC insurance policies. To that end, the Partnership's 32-minute videotape is available for sale. Through the video, a client is able to learn the basics about long-term care and long-term care insurance.

**Partnership Brochures:** The Partnership is excited to announce the availability of two new consumer brochures. The first of these brochures, titled "Making Choices Today to Secure Tomorrow - Planning for Long Term Care", is designed to help seniors understand the need for long-term care planning. The second brochure is titled "The Balancing Act - Addressing the Realities of Long-Term Care." This brochure focuses on helping adult children to understand how their parents' needs for long-term care will impact them and their entire family. It also provides tools to help them discuss the subject of long-term care with their parents. Secondarily, this brochure speaks to the adult child as not only a participant in their parents' decision-making process, but to consider these same factors for themselves.

The Partnership will still have available the three existing brochures: "Asset Protection: A Special Benefit Created for Californians", "Inflation Protection: Why Is It So Important", "Preserve Your Independence and Secure Lifetime Asset Protection." Although the Partnership no longer makes our informational brochures available to agents on a continuous basis, the Partnership does remain committed to providing 50 free copies of each of the three brochures to new agents, along with one copy each of the new brochures.

An Important Note: The California Partnership for Long-Term Care does NOT produce "Taking Care of Tomorrow, A Consumer's Guide to Long-Term Care", a publication by the California Department of Aging. The Partnership insurance companies are required to produce and make available this publication to its agent.

Finally, don't forget to visit our website at www.dhs.ca.gov/cpltc

Note: The form on the next page can either be printed, filled out and faxed or mailed to us or you can type the information on the form itself and use the submit button to e-mail to us. Keep in mind, however, that no order that requires payment will be processed before our receipt of your check.

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www.dhs.ca.gov/cpltc



# **Materials Order Form**

### **Videos**

"What You Need To Know NOW About Long-Term Care"

Qty.	1	2	3	4	5	10	15	20	30	40	50
Price	\$5.17	\$7.32	\$9.53	\$11.68	\$13.83	\$24.92	\$35.96	\$46.98	\$69.56	\$91.56	\$113.89



Name of Brochures	Qty	Price	Total
"Making Choices Today to Secure Tomorrow Planning for long-term care"	~ 7	\$0.45	
"The Balancing ActAddressing the Realities of long-term care"		\$0.45	

The minimum purchase of our new brochures is **10**, consisting of any combination of the two. There is also a **\$5.00 Handling fee** applied when purchasing our new brochures.

You may request 50 complimentary copies of each of our brochures below, plus one copy each of the new brochures, if you have not already received them. ☐ Preserve Your Independence and Secure Lifetime Asset Protection ☐ Asset Protection: A Special Benefit Created for Californians ☐ Inflation Protection: Why Is It So Important? ☐ Making Choices Today ☐ The Balancing Act # of Videos: Video Total: \$ **Brochure Total: \$** (New Brochures Only) **Handling Fee:** \$ 5.00 **Total Amount Due: \$** Please make checks payable to: The Department of Health Services Please indicate in Memo area: CPLTC Mail Your Order & Check To: DHS/California Partnership for Long-Term Care P.O. Box 942732 Sacramento, CA 94234-7320 Ship To: Name: \_\_\_\_\_ Agent License # (required): \_\_\_\_\_ Company: State: Zip: \_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_ Email: \_\_\_\_\_